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APPLICATION NO	). F	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
10/015,309	10/015,309 12/12/2001		Ronald P. Sansone	F-431	5556
919	7590	08/30/2005		EXAMINER	
PITNEY 1	BOWES I	NC.	BADII, BEHRANG		
35 WATERVIEW DRIVE P.O. BOX 3000				ART UNIT	PAPER NUMBER
MSC 26-22				3621	
SHELTON	I, CT 064	84-8000	DATE MAILED: 08/30/2005		

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)
Interview Summary	10/015,309	SANSONE, RONALD P.
interview duminary	Examiner	Art Unit
	Behrang Badii	3621
All participants (applicant, applicant's representative, PTO	personnel):	
(1) <u>Behrang Badii</u> .	(3)	
(2) <u>Ronald Reichman</u> .	(4)	
Date of Interview: 26 August 2005.		
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)  applicant's representative	<b>e</b> ]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.	
Claim(s) discussed: <u>1-26</u> .		
Identification of prior art discussed: Alden, U.S. patent appl	lication publication 2003/0072	<u>469</u> .
Agreement with respect to the claims f)☐ was reached. g	)⊠ was not reached. h)☐ N	I/A.
Substance of Interview including description of the general reached, or any other comments: <u>Applicant believes that the the Alden reference</u> , <u>however examiner believes that the A reference</u> .	e limitations in the independe	nt claim are not overcome by
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w	
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT Summary of Record of Interview requirements on reverse si	last Office action has already THE MAILING DATE OF THIS OF THE SUBSTANCE OF TH	been filed, APPLICANT IS S INTERVIEW SUMMARY
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	Belinn	Buchi
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.		ature, if required

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